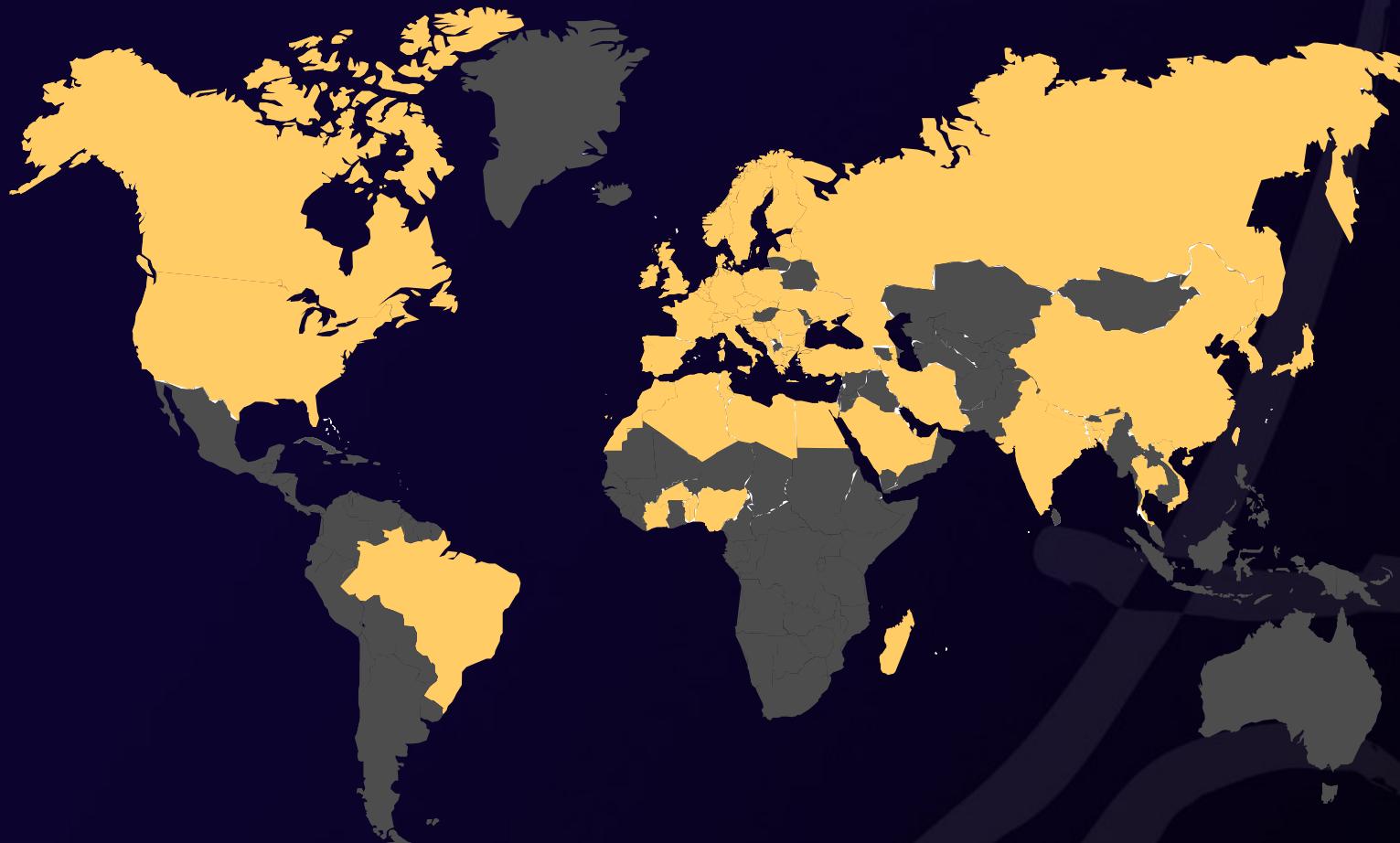


Hepatitis C: The Cure

Patrick Marcellin

**Who you are
1100 participants from 70 countries**



PHC 2013 : Hepatitis C and Hepatitis B



Organised by Pr Patrick Marcellin

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INSERM CRB3

14 & 15 January 2013
Paris - Palais des Congrès

Supported by

ROCHE - JANSSEN - GILEAD - MSD
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Hepatitis C

Where we are:
The achievements

Hepatitis C: progress is accelerating

The conclusion of the PHC 2009

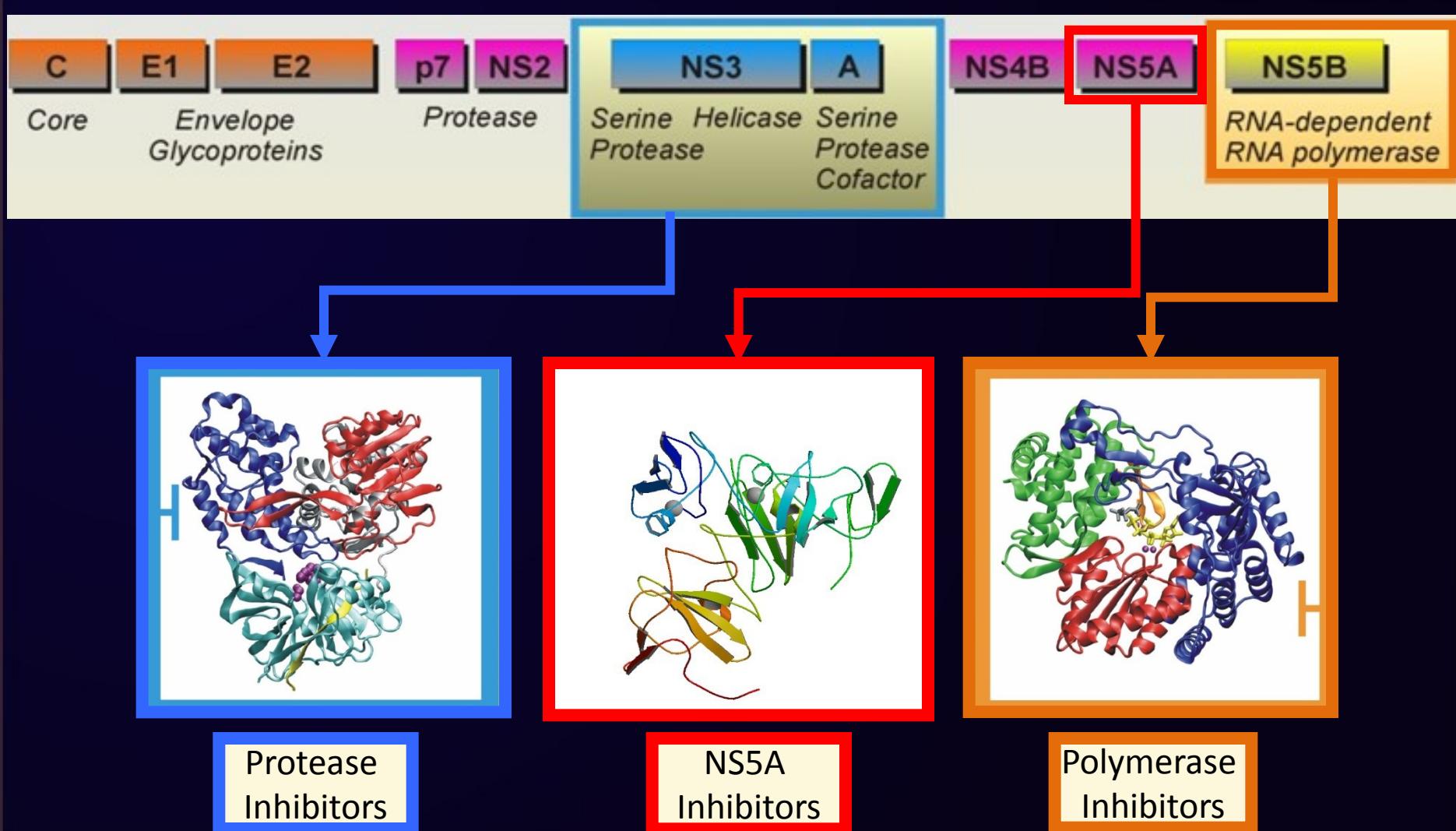
- Cure = 100% in 10 years

Progress is accelerating

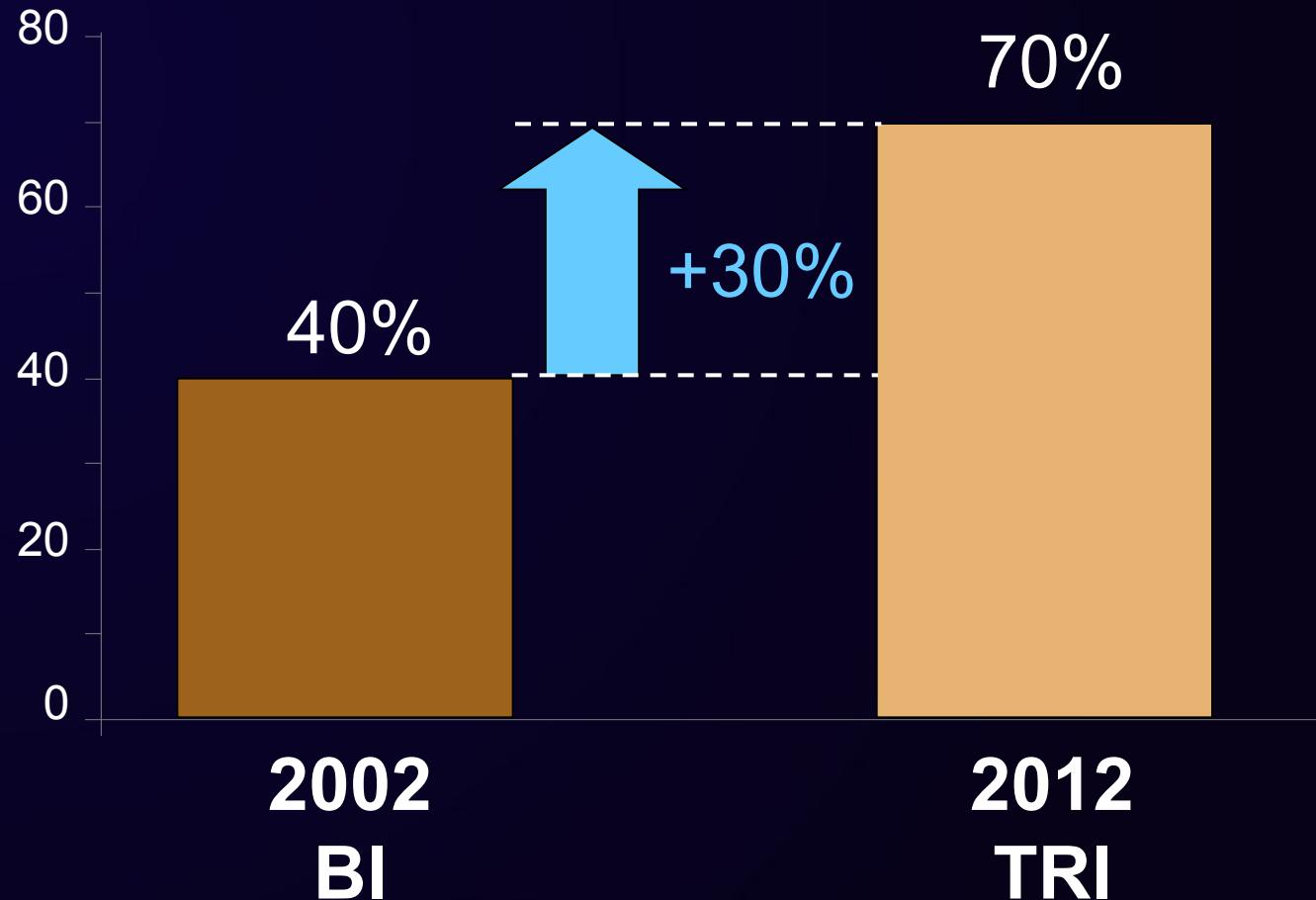
Earlier ?

2015 ?

Where we are Better understanding of therapeutic targets



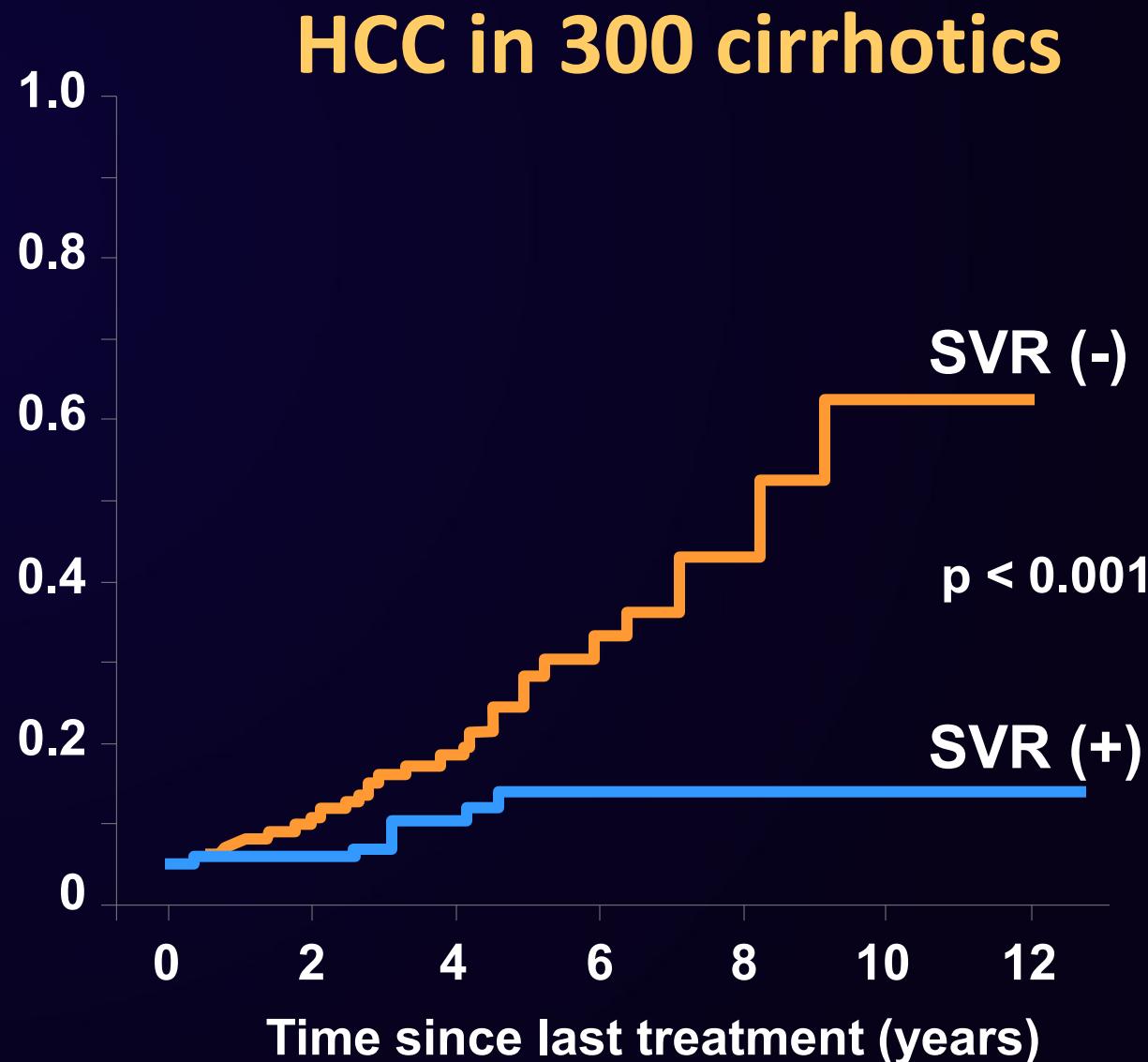
Where we are Better efficacy with triple therapy (G1)



SVR = CURE

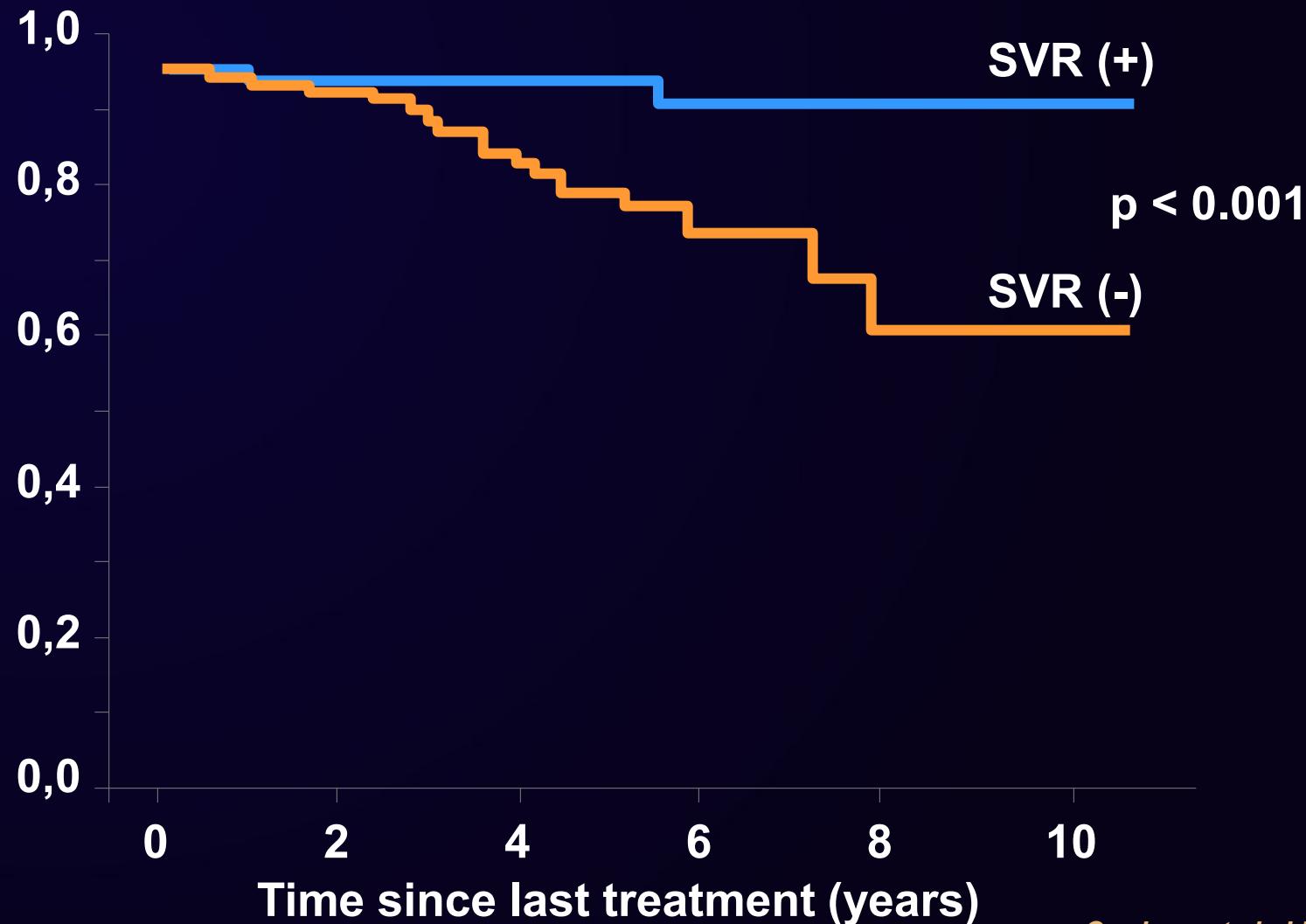
- Undetectable HCV RNA in serum: 100%
- Undetectable HCV RNA in liver: ≈100%
- Undetectable HCV RNA in PBMCS: 100%

Cure = improved prognosis



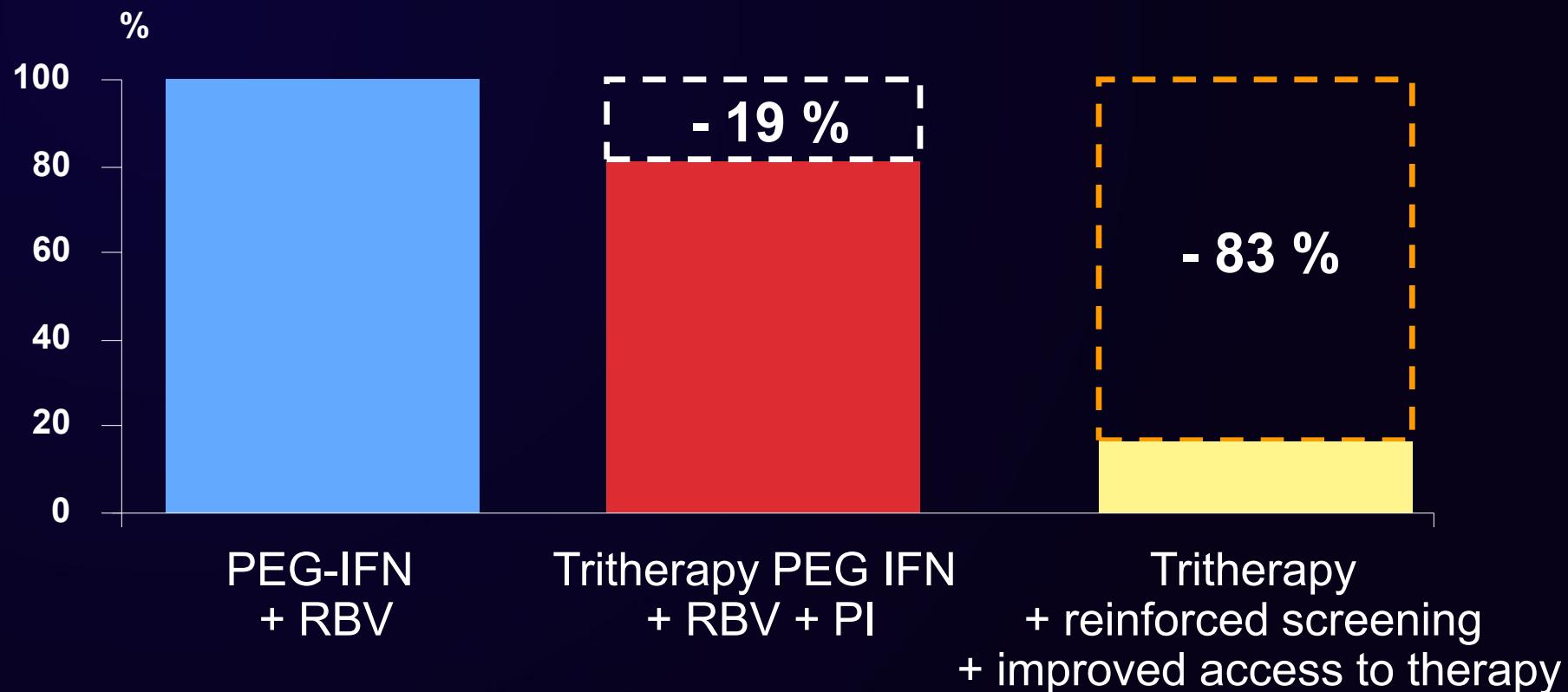
Cure = improved prognosis

Survival in 300 cirrhotics



Reinforced screening and access to therapy= decrease in HCV-related mortality

Percentage of decreased mortality (genotype 1) modelisation 2012 – 2021 France



Where we are:
the limitations

Where we are: limitations

Insufficient screening



Undiagnosed Pool
2.5 million



Undiagnosed Pool
1.8 million

Diagnosed Pool
0.9 million

Diagnosed Pool
1.6 million

Where we are: limitations



170 million people HCV infected worldwide

Where we are: limitations

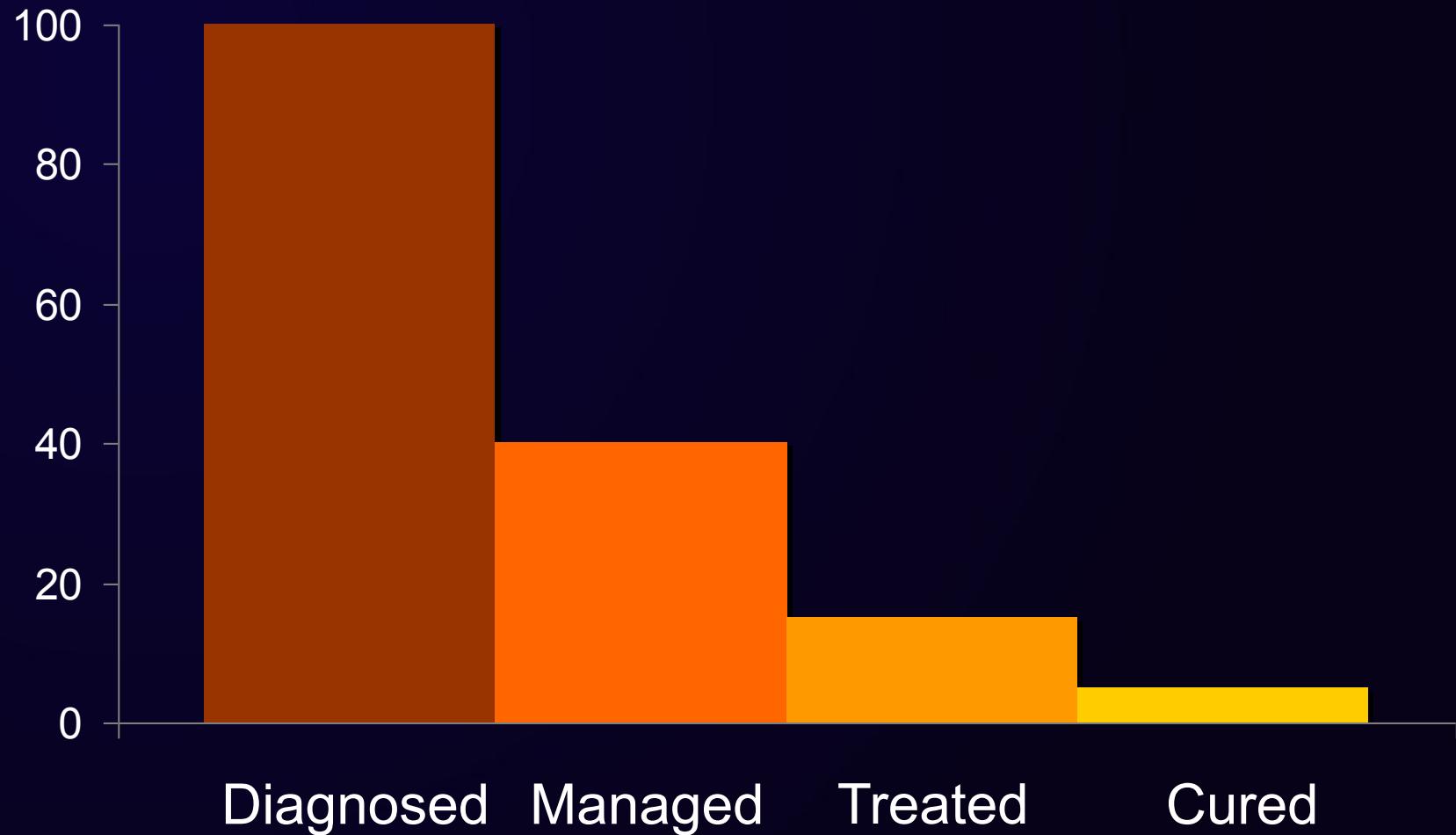


An iceberg serves as a metaphor for the 'tip of the iceberg' concept. The visible white part above the water's surface represents the limitations that are easily observed or acknowledged. The vast, submerged portion of the iceberg represents the many other challenges and issues that are hidden from view but still significantly impact the situation.

Insufficient access to treatment

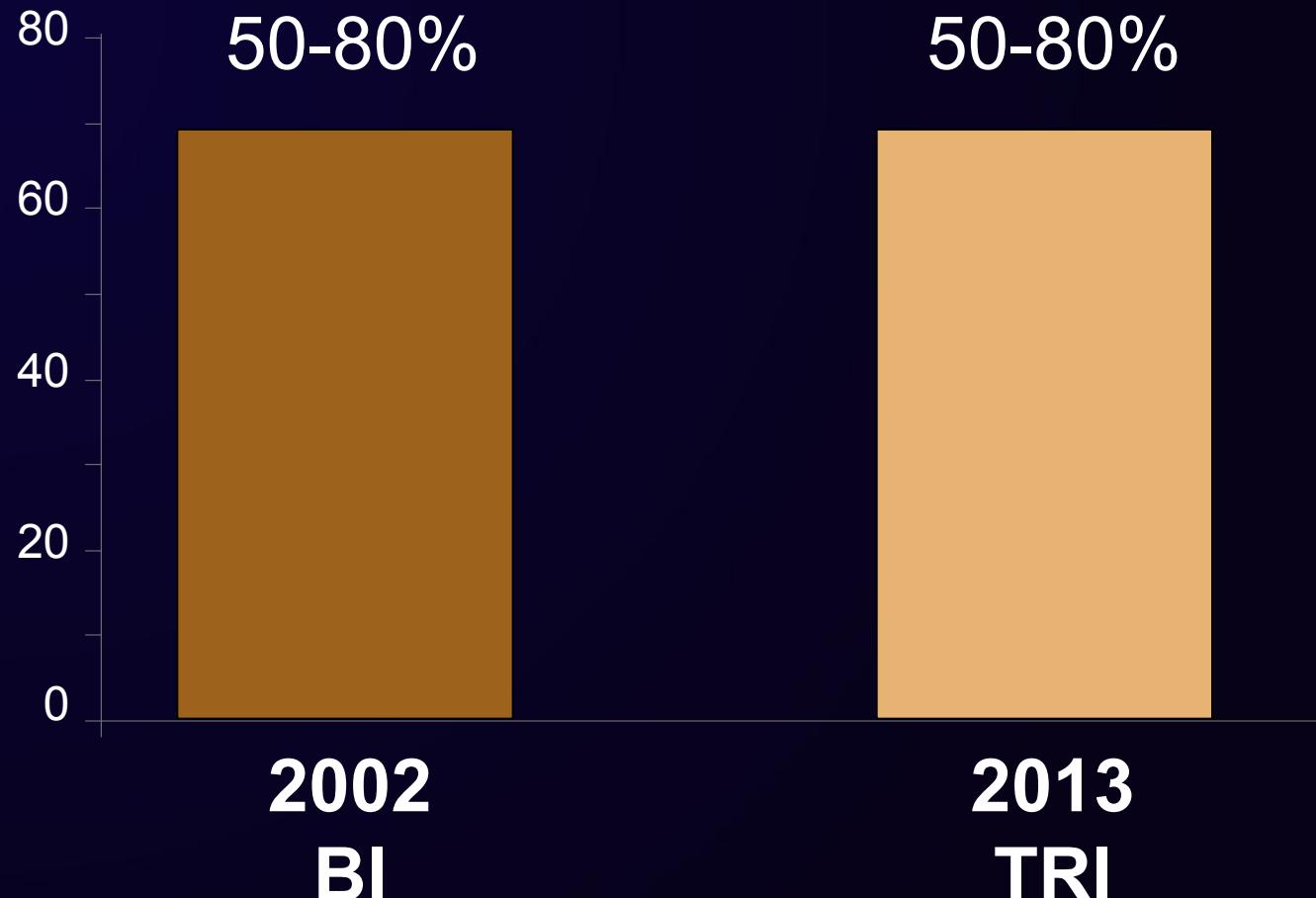
Where we are: limitations

Access to treatment: the bottle necks



Where we are: limitations

No efficacy of triple therapy in G non 1



Where we are: limitations



High prevalence of G non1 in high prevalence countries

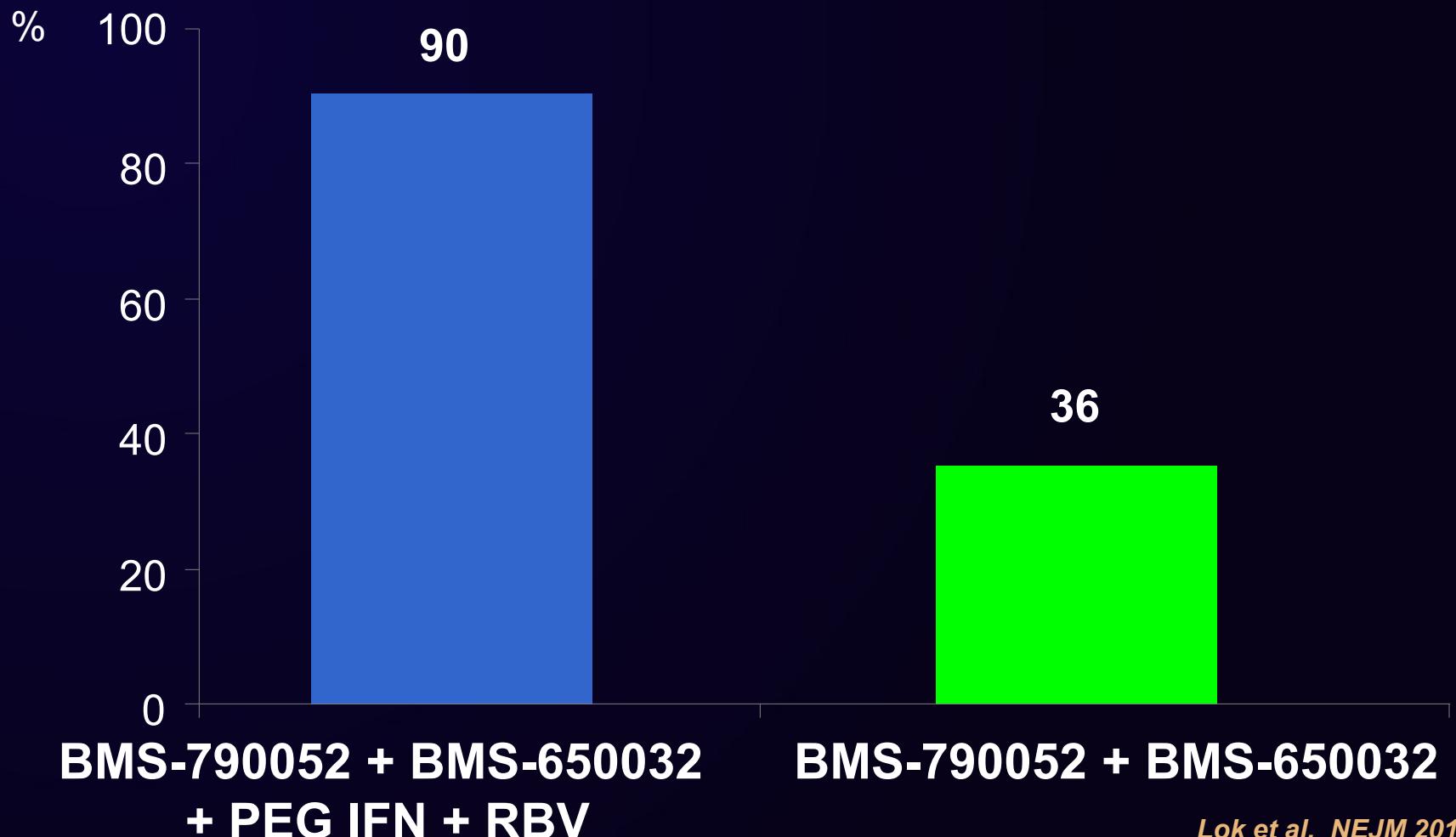
Where we are:
The hope

Ideal Therapy

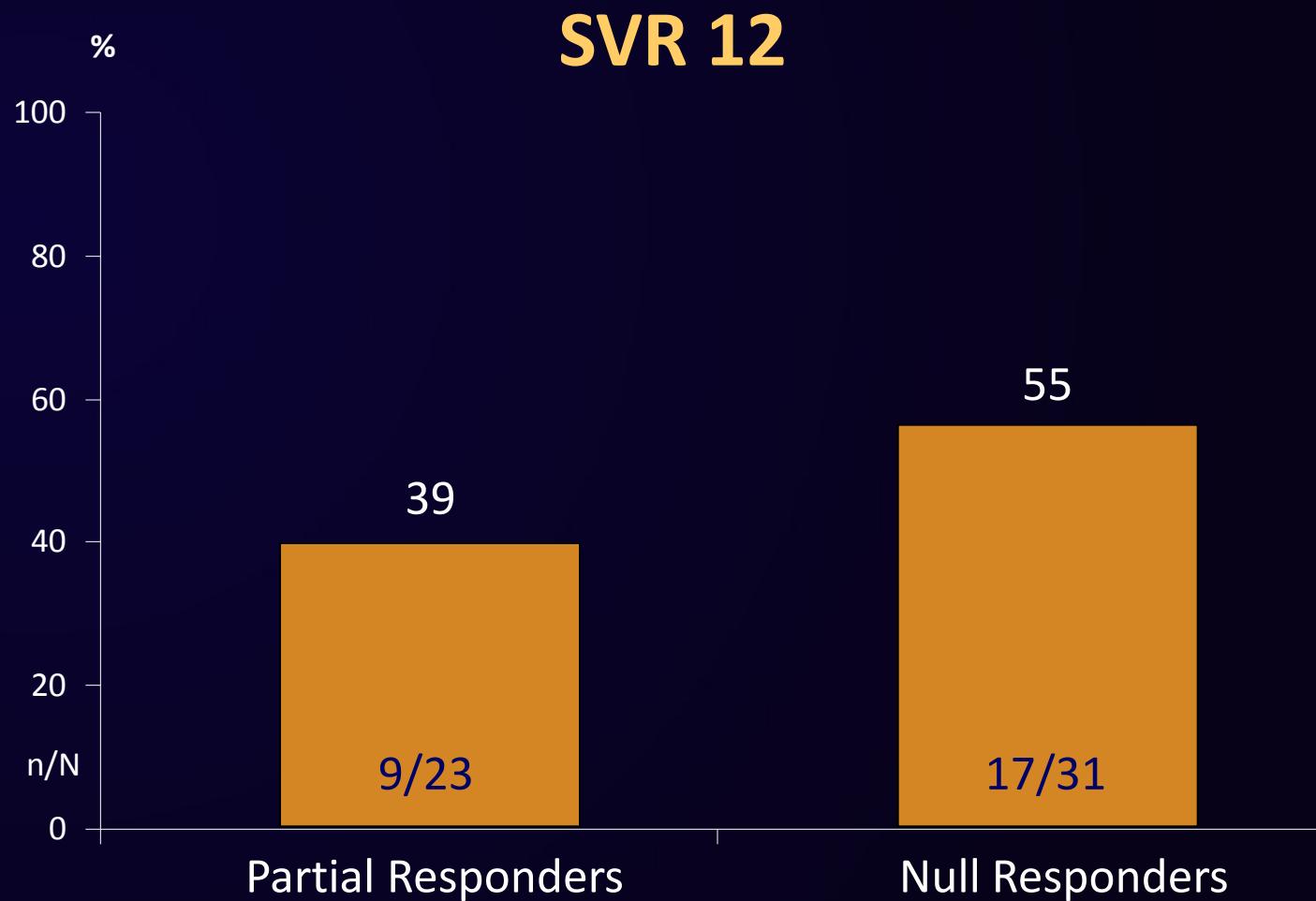
- 100% efficacy
- IFN-free
- All oral
- Short duration
- No resistance
- Pan-genotypic
- Well tolerated and safe
- Low cost

Where we go

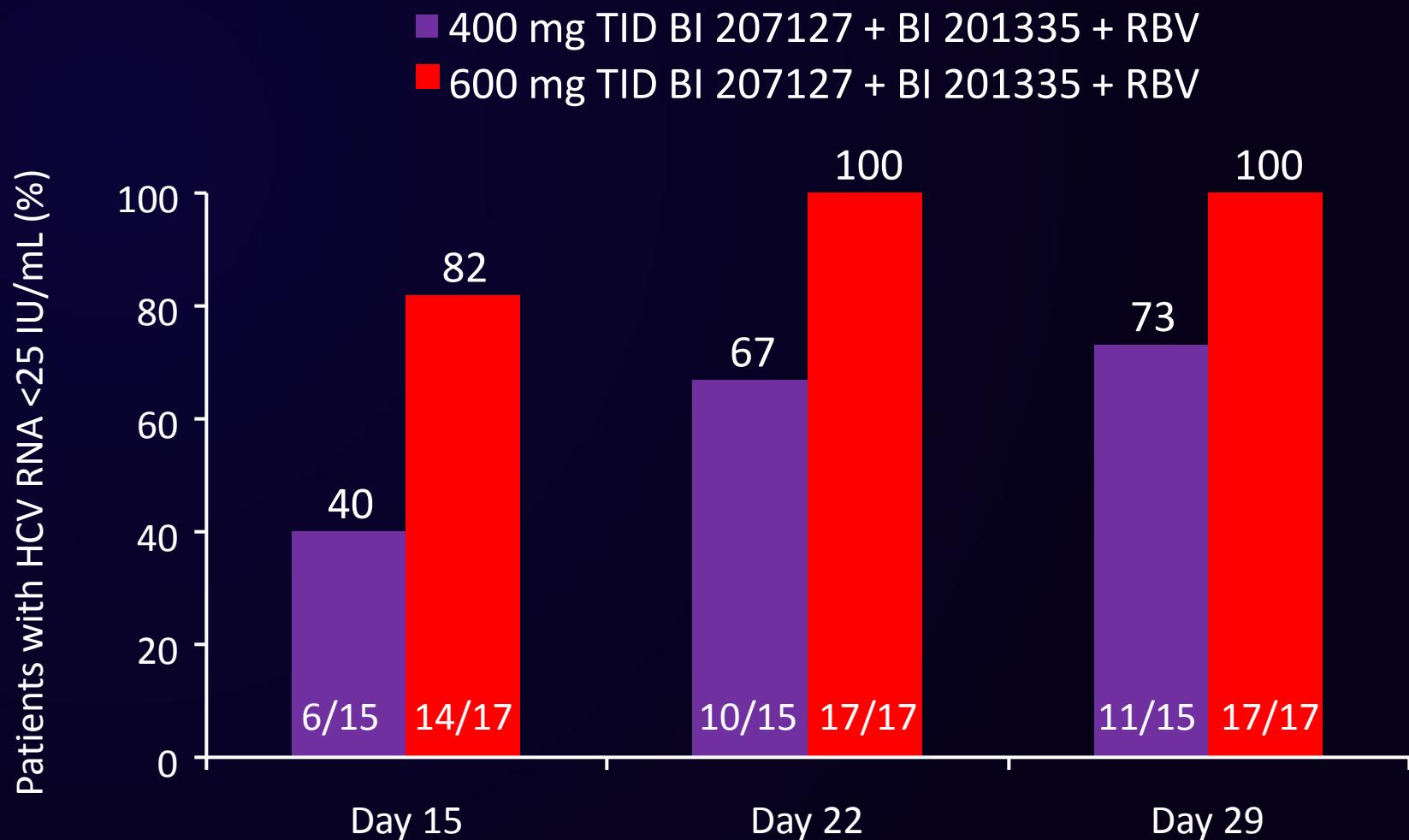
**Quadruple therapy: PEG-IFN+ RBV+ NS5AI + PI
in G1 null responders: IFN free**



danoprevir + mericitabine + ribavirine in non responders G 1

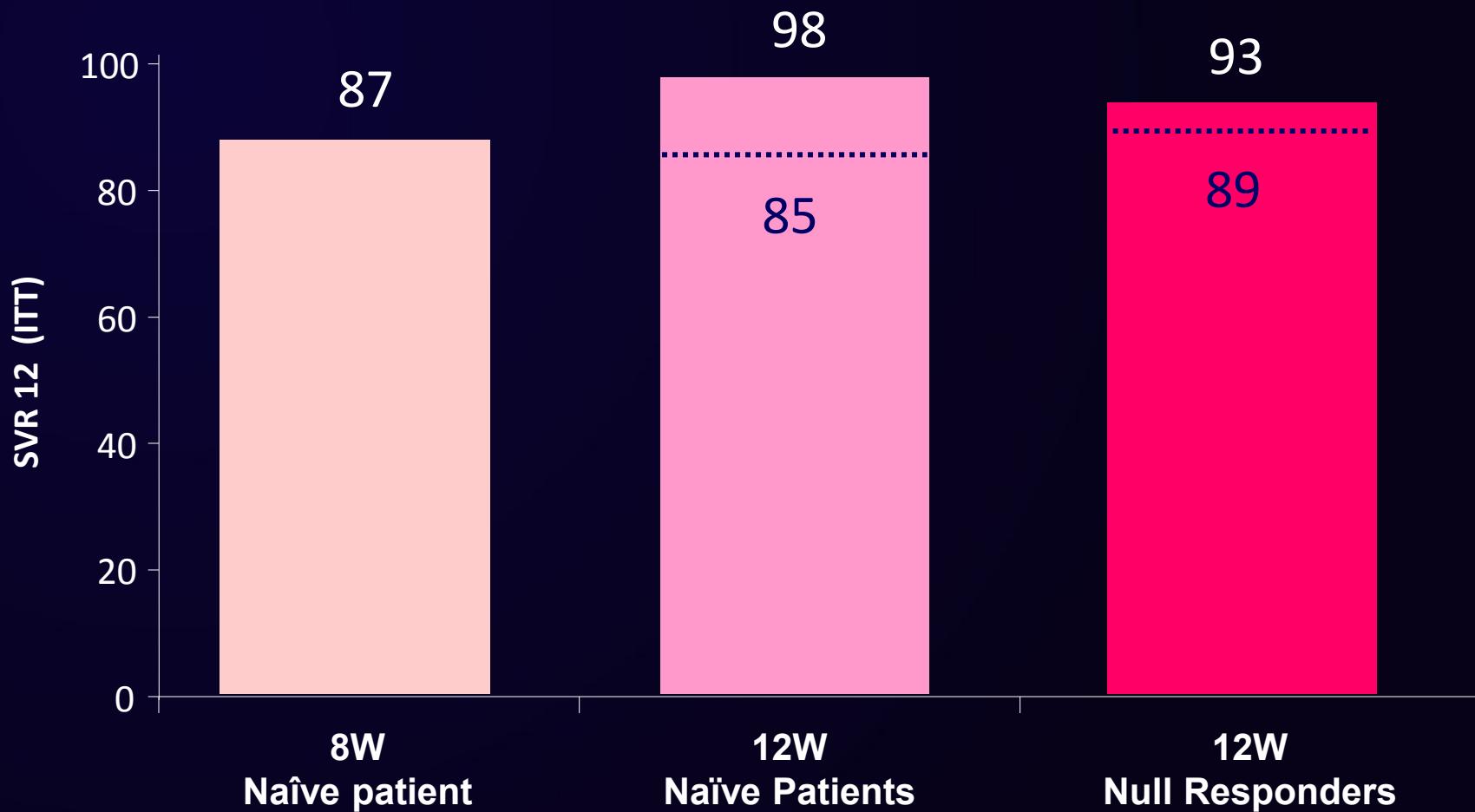


Faldaprevir + BI 207127 + RBV (naive G1)



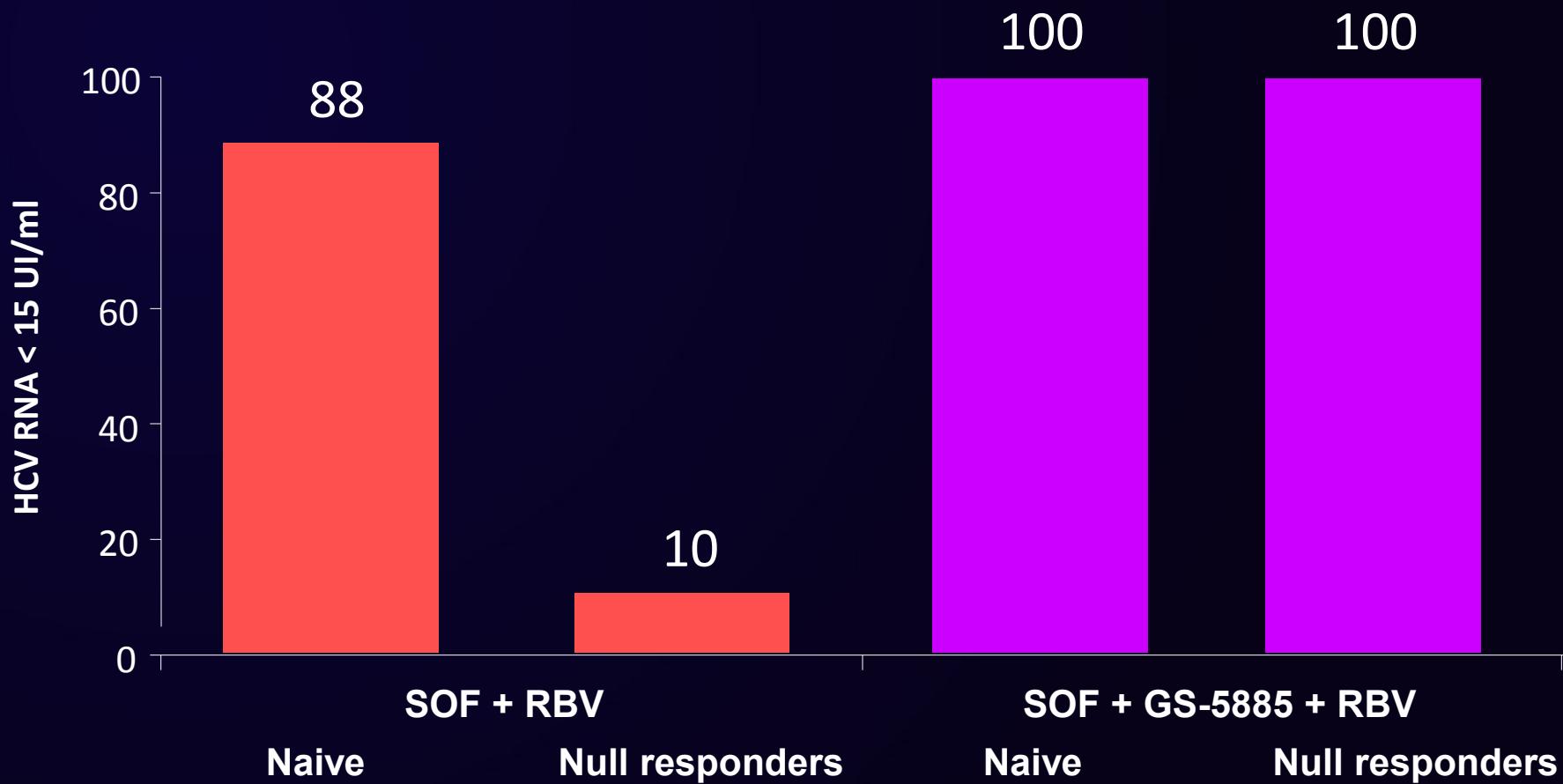
ABT-450/r + ABT-333 + ABT-267 + RBV

SVR 12 (ITT)



Sofosbuvir (GS 7977) + GS 5885 + RBV

HCV RNA < 15 UI/ml



The Proof of Concept



100% efficacy



All oral



IFN-free



Short duration



No resistance



Pan-genotypic

? Well tolerated and safe

? Low cost



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Liver INTERNATIONAL

OFFICIAL JOURNAL OF THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE LIVER

Proceedings of the 6th Paris Hepatitis Conference



International Conference on the Management of Patients with viral Hepatitis:
Special Edition Hepatitis C
Guest Editor: Patrick Marcellin

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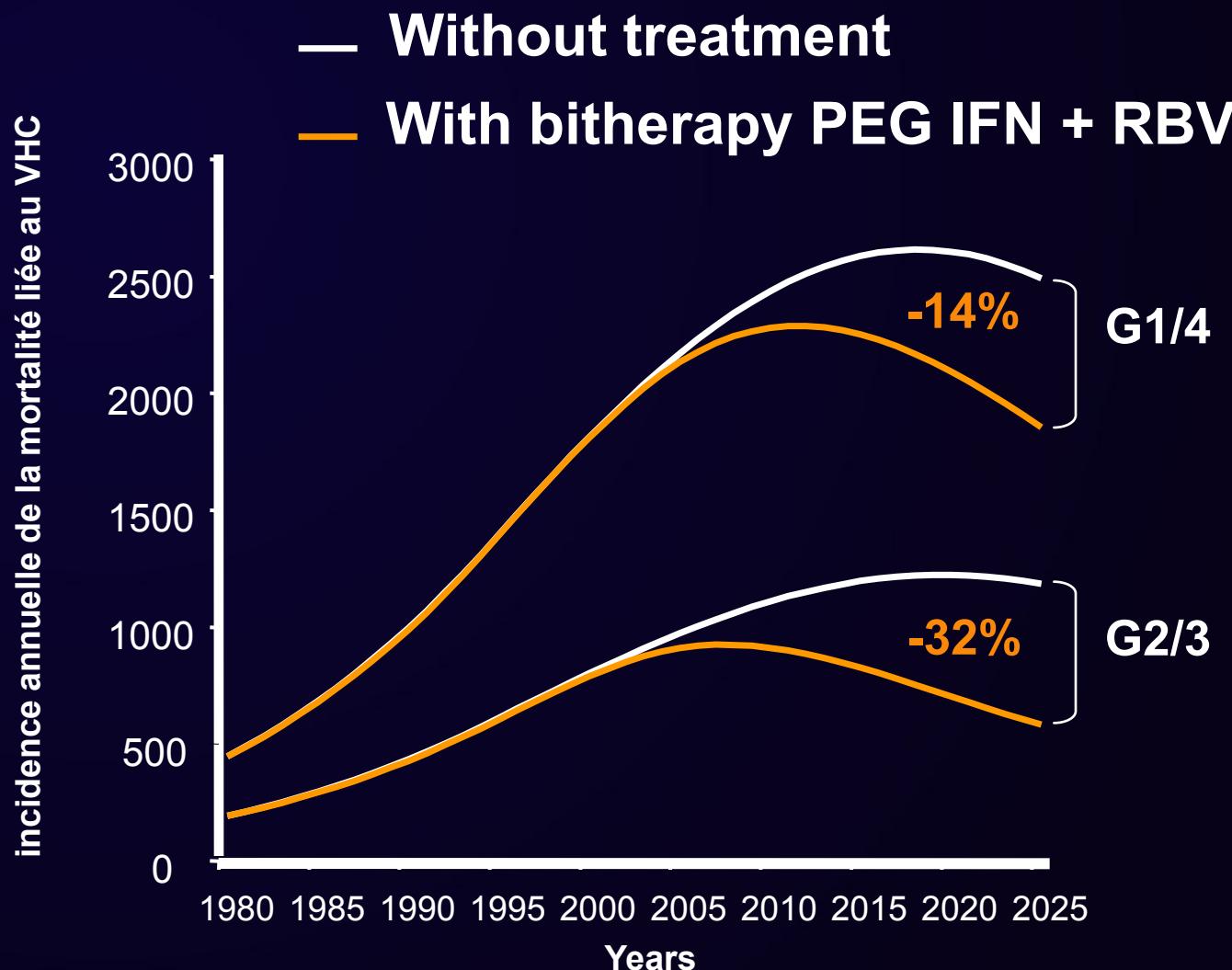
www.aphc.info



IFN-free ongoing trials: summary

First drug (company)	Second drug	Third drug	Fourth drug
Boehringer ingelheim Faldaprevir (BI201335) Protease inhibitor	 BI207127 NS5B NNI	 Ribavirin	
Abbott ABT-450/r Protease inhibitor	 ABT 267 NS5B NNI	 ABT 333 NS5A inhibitor	 Ribavirin
Gilead/BMS Sofosbuvir (GS 7977) NS5B NI	 Ribavirin GS 5885 NS5A inhibitor		
BMS Asunaspervir Protease inhibitor	 Daclastavir NS5A inhibitor	 + Ribavirin	
Vertex Telaprevir Protease inhibitor	 VX 222 NS5B	 Ribavirin	

Impact of treatment on mortality



Reinforced screening and access to therapy= decrease in HCV-related mortality

Percentage of decreased mortality (genotype 1)
modelisation 2012 – 2021 France



where we go

where we go

